LICKING COUNTY GENEALOGICAL SOCIETY
PIONEER PROJECT

Name – Head of Household **Township of residence in 1820 or 1830 < > (Please circle one) Or Earlier?**

Father's name (of above) **Mother's maiden name**

Residence data	**Town or Township**	**County**	**State**	**Date Arrived**	**Date Departed**
Born:					
Moved to:					
Moved to:					
Moved to:					
Died:					

MARRIAGE DATA

Name of Spouse	**Place of Marriage**	**Date of Marriage**

CHILDREN:

Name:	**Place-County-State**	**Spouses**
1.	**Born:** **Mar:** **Died:**	
2.	**Born:** **Mar:** **Died:**	
3	**Born:** **Mar:** **Died:**	
4.	**Born:** **Mar:** **Died:**	
5.	**Born:** **Mar:** **Died:**	
6.	**Born:** **Mar:** **Died:**	
7.	**Born:** **Mar:** **Died:**	

SOURCE OF INFORMATION	**(Back of form may be used for additional information & children)**	
Name:	**Are you related to this pioneer? ___yes ___no**	**Date**
Address:	**If yes, in what way?**	
City,		
ST, ZIP:		
Phone:		
email:		